

EXHIBIT 10

<p style="text-align: right;">Page 26</p> <p>1 very least review of this note; is that fair?</p> <p>2 A. That's correct. It was written by my nurse</p> <p>3 practitioner, Mindy Orr, and then I review and co-signed</p> <p>4 them.</p> <p>5 Q. And at least according to this note from</p> <p>6 September of 2022, you would have identified or Mindy</p> <p>7 would have identified the 35 percent TBSA that we've</p> <p>8 discussed; correct?</p> <p>9 A. Correct.</p> <p>10 Q. When you describe or she describes partial and</p> <p>11 full thickness burns to the face, back, bilateral lower</p> <p>12 extremities and bilateral hands on February 1st, what is</p> <p>13 meant by partial versus full thickness burns?</p> <p>14 A. Yeah. So partial thickness means that it was</p> <p>15 not burned all the way through all layers of the skin</p> <p>16 and therefore potentially has the chance to heal on its</p> <p>17 own. That was similar to the burn on her -- I guess an</p> <p>18 example would be the burn on her forehead that healed</p> <p>19 without a skin graft. We also call those 2nd degree</p> <p>20 burns. Partial and second degree are synonymous.</p> <p>21 And then full thickness and third degree are</p> <p>22 synonymous. And full thickness burns would be burns</p> <p>23 that went all the way through all the layers of the skin</p> <p>24 and need a skin grafting to close them.</p> <p>25 Q. And you describe and Mindy describes in note</p>	<p style="text-align: right;">Page 28</p> <p>1 itch scale is a scale that assesses basically the impact</p> <p>2 of a patient's itching on their activities of daily</p> <p>3 living in their daily life, sleeping, things like that.</p> <p>4 Q. So by way of example, when depression is listed</p> <p>5 as a 60 what is the significance of the 60?</p> <p>6 A. That's a great question. I don't deal with any</p> <p>7 of those, the depression, physical function, PTSD,</p> <p>8 satisfaction or pain interference. It's all managed by</p> <p>9 our social worker so I'm not familiar with what tools</p> <p>10 they use. They actually changed. We don't even use</p> <p>11 those anymore so I don't typically pay much attention to</p> <p>12 them. I ask everyone the same questions in person about</p> <p>13 their symptomatology.</p> <p>14 Q. Okay. Based upon your recollection of</p> <p>15 interactions with Stephanie, do you have any type of</p> <p>16 understanding or opinion as to her emotional state</p> <p>17 whether she has signs and symptoms consistent with</p> <p>18 depression?</p> <p>19 A. I can't speak to whether she has signs and</p> <p>20 symptoms related to depression. I can speak to the fact</p> <p>21 that she was significantly impacted by her response to</p> <p>22 her injury, whether that was acute stress disorder</p> <p>23 versus posttraumatic stress disorder depending on the</p> <p>24 timing. She had a lot of challenges with returning to</p> <p>25 home, returning to her usual life. And that was</p>
<p style="text-align: right;">Page 27</p> <p>1 the fact that she underwent seven surgical interventions</p> <p>2 that resulted in autograft placement to all of her full</p> <p>3 thickness burn wounds; correct?</p> <p>4 A. Uh-huh.</p> <p>5 Q. This describes that she was discharged home</p> <p>6 March 21st, 2022; does that sound accurate?</p> <p>7 A. Yes.</p> <p>8 Q. And as we know she continued to follow up with</p> <p>9 outpatient care there at the clinic; correct?</p> <p>10 A. Correct.</p> <p>11 Q. A little further down here there's a section or</p> <p>12 a chart that says "Pro M Eval-burn" and it has a few</p> <p>13 different areas including depression, physical function,</p> <p>14 PTSD, satisfaction, pain interference and 5-D itch</p> <p>15 scale?</p> <p>16 A. Yep.</p> <p>17 Q. Can you describe what this chart -- what it is</p> <p>18 and its significance?</p> <p>19 A. So that is a University of Utah patient</p> <p>20 reported outcomes. We call it "me-val" so patient</p> <p>21 reported outcomes. Patients respond to these question</p> <p>22 banks prior to their presentation. So there is a</p> <p>23 promise measure for depression, physical function,</p> <p>24 satisfaction and pain interference. Those are those</p> <p>25 four. There's a PTSD risk assessment. And then the 5-D</p>	<p style="text-align: right;">Page 29</p> <p>1 compounded with some preexisting challenges she was</p> <p>2 having, certainly having her burn injury and they also</p> <p>3 lost their house or lost their place of living. So</p> <p>4 there was a lot of challenges from a social, mental,</p> <p>5 emotional standpoint for her.</p> <p>6 Q. As of the last time you saw Stephanie was she</p> <p>7 still dealing with some of those challenges that you</p> <p>8 just described?</p> <p>9 A. The last time I saw Stephanie -- I actually --</p> <p>10 I keep looking at the chart. I'm like it says I only</p> <p>11 saw her in March. I remember where I saw her most</p> <p>12 recently. I'm a counselor at Camp Nah Nah Mah, which is</p> <p>13 our pediatric burn camp. Stephanie and Matthew brought</p> <p>14 W█████ to burn camp this year and that was in the first</p> <p>15 week in August or the last week in July so that was the</p> <p>16 last time I saw them. And I do have a recollection both</p> <p>17 when I saw her back in March and now that she is doing</p> <p>18 much better from a reintegration with life, happiness,</p> <p>19 staying on track with her treatment plans than she has</p> <p>20 been in the past.</p> <p>21 Q. Okay, great. To talk briefly about Camp</p> <p>22 Nah Nah Mah, would that have been a camp there at the</p> <p>23 university?</p> <p>24 A. It's held at Camp Wapiti, which is in Tooele.</p> <p>25 So it's a camp for kids ages 6 to 13 who have had a burn</p>

<p style="text-align: right;">Page 34</p> <p>1 on his right leg near his knee. 2 Q. Let me see if I can pull something up real 3 quick. Do you see my screen? 4 A. I can. 5 Q. This appears to be an H&P note from June 6th, 6 2023 relating to W■■■■, and it describes him a 7 four-year-old male who sustained an 8 percent TBSA 8 partial thickness and full thickness thermal burn to the 9 right lower extremity, bilateral hands and feet. Did I 10 read that correctly? 11 A. Yeah, that's correct. 12 Q. Apparently on this date he was there for laser 13 treatment number 2 and it was described that he was 14 doing well, denied pain, has itchiness around his donor 15 site mostly and an area on the medial side of his right 16 hand as well. Do you see that? 17 A. I do. 18 Q. In this case we took the deposition of 19 Dr. Lewis who talked a little bit about the concern of 20 not just the laser treatment but as to the type of burn 21 injury that he suffered, those in particular over his 22 joints. 23 First, you haven't had a chance to read 24 Dr. Lewis' deposition; correct? 25 A. No, I don't know where I would see it.</p>	<p style="text-align: right;">Page 36</p> <p>1 survivors for purposes of determining whether 2 intervention is needed and necessary to avoid some of 3 those complications? 4 A. Yeah. So a kid who was injured when W■■■■ was 5 injured would be followed until they went through their 6 entire pubertal growth spurt, which is typically once 7 they graduate high school. 8 Q. So we're talking really 17, 18 years old of 9 continued monitoring to try and identify any potential 10 need for intervention due to some of those risks that 11 you described? 12 A. That's correct. 13 Q. To date have you seen any of those 14 complications or the issues arise with W■■■■? 15 A. No, not to date. 16 Q. Have the laser treatment that he's undergone 17 been successful? 18 A. Yes, they have. 19 Q. Do you know how many laser treatment he has 20 undergone? 21 A. I do not. He and his mom were getting them on 22 the same day. I can definitely double check. I'm going 23 to assume he had his eighth on the same day that his mom 24 did. No, it looks like he actually had -- he's only had 25 seven. One, two, three, four, five, six, seven. He's</p>
<p style="text-align: right;">Page 35</p> <p>1 Q. No problem. Is there any type of heightened 2 concern over burn injuries suffered by minors like 3 W■■■■ that occur over joints? 4 A. Yes. 5 Q. Can you talk a little bit about what that 6 heightened concern is and how that would affect or 7 impact W■■■■? 8 A. So when you have a burn over a joint, even if 9 it doesn't receive a skin graft, if it takes longer than 10 14 to 21 days to heal, you're at increased risk for at 11 least tight scarring. When that happens over a joint 12 your body's initial response to that is to contract. So 13 if you have a burn here on the palm of your hand and 14 you're growing, what's going to happen is the skin on 15 the top part of your hand is going to grow fine but the 16 skin on the palm of your hand will not grow in the same 17 way, and you'll have kind of clawing of the hand. This 18 is just an example. So when a patient is growing you 19 don't want to really let them out of your sight for too 20 long. You want to have regular follow-up with them 21 because a lot of times we can actually intervene before 22 it creates a deeper problem in the joints and tendons as 23 the patient is growing. 24 Q. Is there a time period in which you want to 25 continue to monitor, continue to follow minor burn</p>	<p style="text-align: right;">Page 37</p> <p>1 had seven and his last one was also that 5th of August. 2 Q. And to the best of your knowledge is there a 3 plan to undergo an eighth treatment? 4 A. He does not currently have any visits 5 scheduled. 6 Q. Is the intention of you and/or the folks, the 7 providers at the burn unit that W■■■■ undergo an eighth 8 treatment. 9 A. Not necessarily. If I was the one that was 10 seeing Stephanie I would have a conversation about what 11 we think the benefit is to W■■■■ and if it's worth the 12 burden of the family taking two days out of their 13 schedule to bring him down given that he has had a very 14 good outcome with the seven lasers he's had. 15 Q. Sitting here today are you aware of any 16 treatments or surgeries that are needed to address 17 W■■■■'s burn injuries? 18 A. Not at this time. 19 Q. Will W■■■■ undergo a reassessment even though 20 he hasn't completed his eight sessions? 21 A. Yeah. That will be up to Stephanie and Matthew 22 if they just want to combine the visits. We would just 23 do his reassessment at seven instead of eight. 24 Q. The camp that you described earlier -- I think 25 you said Camp Nah Nah Mah, was that just an emotional,</p>

<p style="text-align: right;">Page 38</p> <p>1 kind of like an emotional support camp for burn 2 survivors? 3 A. It's an everything support camp for burn 4 survivors. It really gives kids in particular but all 5 burn survivors, especially if you're in a small town 6 like Green River, Wyoming, you may be the only burn 7 survivor that's a child that you know. It gives kids a 8 chance to come and be with other kids that also have 9 burn scars. We let them be kids and play and be active. 10 But we also work a lot on scar acceptance, conversations 11 with people who may just be meeting you, practicing 12 scripts. That's what we worked on this past year is we 13 helped kids do their short and long scripts when someone 14 says, hey, what happened to you so they can be prepared 15 and they don't feel anxious or nervous about having to 16 talk about their burn injury. But a lot of it is just 17 fun and normalizing being a kid after they've been 18 through some hard stuff. 19 Q. Okay. Would it be fair to say that you are 20 unaware of any need and necessity for additional 21 therapy, laser treatments, or surgeries as it pertains 22 to W████ until such time a reassessment can be 23 accomplished? 24 A. Yes, that's correct. 25 Q. And certainly even with a reassessment that can</p>	<p style="text-align: right;">Page 40</p> <p>1 management department and they would be happy to 2 help you with that. 3 MR. AYALA: We can do that. 4 MS. LEE: Great, thanks. 5 MR. GIROUX: Dr. Thompson, do you need a brief 6 break or are you okay? 7 THE WITNESS: I'm okay. 8 MR. GIROUX: Is everyone else good to go? I 9 don't have much. 10 EXAMINATION 11 BY MR. GIROUX: 12 Q. Good morning your time, Dr. Thompson. My name 13 is Jared Giroux. I represent Walmart and Jetson in this 14 case. I got a few questions for you but not many. 15 Thank you for taking the time to be here today. And I 16 may jump a little bit more since plaintiff's counsel has 17 already asked you a number of questions and I don't want 18 to be duplicative and I apologize if I am. 19 When you're talking about the eight different 20 laser treatments, is a patient such as Stephanie with 35 21 percent of her burns receiving treatments on the entire 22 area of the burned portions of her body? 23 A. No. She would only be receiving CO2 laser on 24 areas that are thickened, firm or very itchy. 25 Q. So in Stephanie's case did those change, you</p>
<p style="text-align: right;">Page 39</p> <p>1 change as W████ continues to grow and get older up 2 through the age of either 17 or 18? 3 MR. GIROUX: Form. 4 A. That's correct. He will need at least a 5 once-a-year visit. 6 Q. (By Mr. Ayala) You don't have an opinion yet 7 as to any need or benefit to scar revision surgeries 8 given W████'s age; is that fair? 9 A. That's fair. 10 Q. Any other recollection you have relating to 11 either Stephanie or W████ and the care and interactions 12 you've had with them that we haven't discussed? 13 A. No, I don't think so. 14 MR. AYALA: Those are all of my questions. 15 What I'd like to do -- and Suzanne, maybe you can 16 assist on this one. I'd like to attach the 2024 17 records of W████ and Stephanie that we don't have 18 in our file as of yet. Dr. Thompson mentioned 19 August and having seen Stephanie at some point in 20 August of 2024. So we'd like to attach those as 21 Exhibit 1 to Dr. Thompson's deposition. 22 (Exhibit 1 to be marked for identification.) 23 MS. LEE: I can help with that but I am not 24 the custodian of the records so I actually need you 25 to make that request to our health information</p>	<p style="text-align: right;">Page 41</p> <p>1 know, each time she came in? What I mean by that is 2 would the same areas be addressed in each of those eight 3 laser treatments? 4 A. I haven't reviewed all eight of her laser op 5 notes. I can say typically people are treated in the 6 same areas, but the areas that are treated usually get 7 smaller as time goes on because the scar is flattened 8 and you don't want to treat the flat scars. So if 9 something -- if the laser is actually working you should 10 get a smaller percent TBSA that you laser each time. 11 Q. You mentioned that Stephanie's ability to cope 12 when she returned home and deal with her injuries was 13 compounded by some preexisting challenges. What did you 14 mean by that? 15 A. She has some concerning patterns of alcohol use 16 prior to her admission. 17 Q. And how would those patterns of alcohol use 18 impact her ability to recover from the injuries she 19 sauce sustained in the fire? 20 MR. AYALA: Form. 21 A. Not necessarily as far as her healing would 22 impact that. But if you have a coping mechanism that 23 you utilize and you have a big stressor and you receive 24 treatment so you're not using that coping mechanism 25 anymore, it's very hard to just make coping mechanisms</p>